

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee Victory Phones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 190 Monroe Ave. NW 5th FL			Amount <div style="border: 1px solid black; padding: 2px;">2266.29</div>		
City Grand Rapids State MI Zip Code 49503-2628		Transaction ID : EAA8C2573BECF4D0C834 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014			
Purpose of Expenditure IE-Sasse-Robo Calls		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate Benjamin E Sasse		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NE	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">117422.07</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014	
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px;"></div>		
City State Zip Code		Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px;">2266.29</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px;">2266.29</div>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> <i>Paul Kilgore</i> Signature </div> <div style="text-align: center;"> [Electronically Filed] </div> <div style="text-align: center;"> Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> 11 / 02 / 2014 </div> </div>					